

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U-12309	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Albert W Mullins  P.O. Box, Bldg., Room No., if any  Street 4850 Madison Rd.  City Cincinnati  State Ohio ZIP Code + 4 45227	4. Name, file number, and address of labor organization.  Name Ironworkers local 44  Labor Organization File Number 023-613  P.O. Box, Building and Room Number, if any  Street 4850 Madison Rd  City Cincinnati  State Ohio ZIP Code + 4 45227
5. Position in labor organization. Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Albert W. Mullins</u>	On <u>Aug 3, 2005</u> <u>513-271-4444 x13</u> Date Telephone Number

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <b>Iron Workers Dist Cncl of St Louis &amp; Vic</b></p> <p>Trade Name, if any</p> <p>P O Box Bldg Room No, if any</p> <p>Street <b>3544 Watson Rd</b></p> <p>City <b>St Louis</b></p> <p>State <b>Missouri</b> ZIP Code + 4 <b>63139-2058</b></p>	<p><b>9</b> Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked, give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box Bldg Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11 a</b> Nature of such dealing</p> <p><b>Joint District Council Mtg (St Louis / Tennessee Valley / Southern Ohio District Councils) August 24-26 2004 Gilbertsville Ky Approximately 160 Ironworkers attending meetings and joint activities Guest and speakers also in attendance \$10 541</b></p>
	<p><b>11 b</b> Approximate dollar value of such dealing <span style="float: right;"><b>\$10 541</b></span></p>
	<p><b>12 a</b> Nature of interest held or income received</p> <p><b>8/24/2004 Dinner (BBQ) - \$11 18 - self</b></p> <p><b>8/25/2004 Golf \$32 75 self</b></p> <p><b>8/25/2004 Dinner - (Fish Fry) \$23 44 self</b></p> <p><b>8/26/2004 Dinner (Banquet) \$14 95 self</b></p>
	<p><b>12 b</b> Amount <span style="float: right;"><b>\$82</b></span></p>

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box Bldg Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a</b> Nature of payment</p>
<p><b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b</b> Amount of payment</p>